IN THE CLAIMS

The following is a listing of the claims, which is presented in accordance with revised 37 C.F.R. § 1.121.

1.   (Original) An automated system for managing insurance information and processing insurance claims, the automated system residing on a host server and comprising:

means for capturing and maintaining disablement information including a network interface and a user interface for capturing the disablement information and a database for storing the disablement information; and

processing tools for processing the disablement information, the processing tools comprising a benefits calculation engine for determining benefits payable, the benefits calculation engine comprising a plurality of formulas, each formula corresponding to specific disablement information, wherein the benefits calculation engine calculates benefits for multiple reimbursement products available for multiple disablement scenarios.

2.   (Original) The automated system of claim 1, wherein the processing tools further comprise benefit payment processing tools for paying benefits calculated by the benefits calculations engine.

3.   (Original) The automated system of claim 1, wherein the processing tools further comprise claim management and plan loading tools for updating the benefits calculation engine.

4.   (Original) The automated system of claim 1, wherein the processing tools further comprise customer service tools for collecting provider data, conducting claims inquiries, and facilitating new claims setup.

5.   (Original) The automated system of claim 1, wherein the processing tools further comprise claim adjudication tools for tracking financial adjudication data.

6.   (Original) The automated system of claim 1, wherein the processing tools further comprise expense payment and adjustment tools for processing reimbursement vendor bills, separating benefits from expenses, and remitting fees for multiple transactions in a single transaction.

7.   (Original) The automated system of claim 6, wherein the expense payment and adjustment tools further comprise means for applying payments by claim to benefit and expense accounts.

8.   (Original) The automated system of claim 6, wherein the expense payment and adjustment tools further comprise means for handling voided checks and returned checks and means for allowing benefit payments to be canceled and associated checks to be voided.

9.   (Original) The automated system of claim 1, further comprising claim and financial reporting tools for performing financial reporting, claim valuation, statistical analysis, partnership reporting, bank reconciliation, and check writing.

10.   (Original) The automated system of claim 1, wherein the benefits calculation engine comprises means for limiting benefit payments to coverage maximums and for calculating an elimination period in days and a deductible in dollars.

11. (Original) The automated system of claim 1, wherein the benefits calculation engine comprises means for accessing a benefit code applicable to each reimbursement product.

12-20. (**Canceled**)

21. (**Currently amended**) A method for reducing the manual effort involved in insurance claims payment, benefits calculation, and vendor bill calculation, the method comprising using an automated system for performing the steps of:

capturing disablement information for adjudication, claims management, and pricing;

performing automated benefits calculation for existing plans with a benefits calculation engine;

providing means for loading future plan calculations and eligibility;

performing statutory and internal reporting and feeds; and

downloading policyholder information to set up and administer claims; and the method further comprising the step of accessing a benefit code in order to select an appropriate reimbursement formula.

22. (Original) The method of claim 21, further comprising the step of paying a benefit amount calculated by the benefits calculations engine using benefit payment processing tools.

23. (Original) The method of claim 22, wherein the step of providing means for loading future plan calculations and eligibility comprises receiving updated calculation information with claim management and plan loading tools.

24. (Original) The method of claim 23, wherein the step of capturing disablement information comprises using customer service tools for collecting data.

25. (Original) The method of claim 21, further comprising the step of tracking financial adjudication data using claim adjudication tools.

26. (Original) The method of claim 21, further comprising the step of using expense payment and adjustment tools for processing reimbursement vendor bills, separating benefits from expenses, and remitting fees for multiple transactions in a single transaction.

27. (Original) The method of claim 21, wherein the step of performing automated benefits calculation comprises limiting benefit payments to coverage maximums and calculating an elimination period and a deductible.

28. (**Canceled**)

29. (Original) The method of claim 28, further comprising the step of using formula having calculation steps and traffic regulating steps in order to calculate benefits.

30. (Original) A method for automatically processing a request for insurance benefits, the method comprising:

receiving a benefit request;

accessing captured disablement information to determine an appropriate benefit;

searching for a formula that corresponds to the appropriate benefit, each formula including at least one calculation step selected from a total dollars step that generates an amount for indemnity benefits, a MAX step that limits an amount payable to a maximum, an EP step that requires an elimination period to be met prior to payment, and a PCT step that pays a fixed percentage of remaining funds;

modifying an existing formula to correspond to an appropriate benefit if the appropriate benefit has no corresponding formula; and

using the corresponding formula to calculate a benefit.

31.   (Original) The method of claim 30, wherein the step of accessing captured disablement information includes accessing claimant services information, assessment data, plans of care, care management costs, losses by activities of daily living, and eligible facilities.

32.   (Original) The method of claim 30, wherein the step of searching for a formula further includes searching for a formula having a traffic regulating step, each traffic regulating step having four parameters including a condition, a next step, a default step, and on SQL expression.

33.   (Original) The method of claim 30, further comprises the step of paying the calculated benefit using benefit payment processing tools.

34.   (Original) The method of claim 30, further comprising the step of performing financial reporting with claim reporting tools.

35.   (Original) The method of claim 30, further comprising the step of tracking financial adjudication data using claim adjudication tools.

36.   (Original) The method of claim 30, further comprising the step of capturing disablement information using customer service tools.